Vol. 16 Fall 2003

MaineCare Health Care for Maine People UPDATE

MaineCare To Focus On Tobacco Cessation And Diabetes Care

A Collaborative Effort With The Bureau Of Health And MSEHP

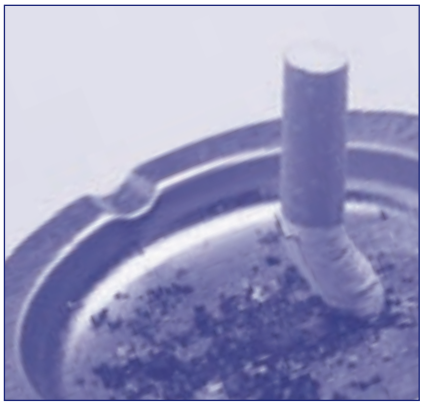
MaineCare To Focus On Tobacco Cessation And Diabetes Care In A Collaborative Effort With The Bureau Of Health And Maine State Employees Health Plan.

The Quality Improvement Division of MaineCare has been working with staffs at the Bureau of Health and the Maine State Employees Health Plan (MSEHP) to develop plans to reduce tobacco dependence and promote quality diabetes care throughout the state.

Why tobacco and diabetes?

Maine has one of the country's highest tobacco addiction rates of persons aged 18 – 30. Smoking by pregnant women in Maine is alarmingly high. 2000 PRAMS data shows 31% of pregnant MaineCare women smoked during the last trimester compared to 9% of non-MaineCare women. Studies suggest that for every $1 spent on smoking cessation for pregnant women, $3 is saved in reduced neonatal intensive care costs. The use of tobacco products or exposure to environmental smoke raises the risks of developing cancers, cardiovascular and lung diseases.

There is an increasing prevalence of diabetes in the population. Maine has the highest diabetes rate of the New England states. Studies have shown that good blood-glucose control can decrease the rate of diabetes related complications. Diabetes is expensive in both economic and human costs, it is the fourth most expensive disease paid for by MaineCare.



A need for data

MaineCare is in the process of analyzing claims data to establish baseline rates of diabetes, determine who needs what diagnostic measures and services.

Colaborative *continued on page 4*

Flumist™ Requires Prior Authorization

Influenza virus infections cause significant morbidity and mortality in the United States each year. Prevention of influenza relies primarily on annual vaccination of persons at elevated risk for complications from influenza infection. Until recently, only inactivated influenza vaccine administered by intramuscular injection was available for use in the United States.

On June 17, 2003, the Food and Drug Administration (FDA) approved an intranasal, trivalent, cold-adapted, live, attenuated influenza vaccine (Flumist™) for use to prevent influenza A and B. This approved indication is for healthy persons aged 5–49 years. Inactivated influenza vaccine continues to be available and is indicated for persons aged 6 months and older who are healthy or who have chronic medical conditions.

The new vaccine is very costly compared with existing vaccines, and has not been shown to be more effective. Flumist will only be reimbursable when there is medical necessity to receive the influenza vaccination in a non-injectable form, and when prior authorization has been obtained. In order to request prior authorization for Flumist, you will need to submit an explanation and documentation of the medical necessity to the MaineCare Authorization Unit. You may fax the information to (207) 287-7643 or call (800) 321-5557, option 5 if you have further questions regarding the Prior Authorization Process. Questions regarding policy or billing questions should be directed to Provider Relations at 1-800-321-5557, option 9.

Maine Department of Human Services
Peter Walsh, Acting Commissioner • Bureau of Medical Services • Division of Quality Improvement
11 State House Station, Augusta, Maine 04333 • 800-566-3818 • TTY/TDD 800-423-4331
To receive this newsletter by mail, contact Health Care Management Unit at 207-287-8820

THE MAINE TOBACCO HELPLINE

The Partnership for A Tobacco-Free Maine, Bureau of Health, Department of Human Services has a contract with The Center for Tobacco Independence, a MaineHealth® program, to implement the statewide tobacco treatment and training initiatives for Maine.

The Partnership for A Tobacco-Free Maine Treatment Initiative is comprised of three core areas:

1) The Maine Tobacco HelpLine:
This free telephonic service offers confidential, individualized behavioral counseling to Maine people interested in quitting smoking. Professional staff trained in comprehensive tobacco treatment provide counseling. Counseling may consist of a one-time intervention or be delivered in multiple telephone sessions, over a period of time. The program is accessed through a statewide toll-free number, 1-800-207-1230, Monday through Saturday.

2) Medication Voucher Program:
A voucher program, currently accessed through The Maine Tobacco HelpLine, allows Maine residents meeting specific eligibility criteria and enrolled in the counseling program to have access to nicotine patch or nicotine gum at no cost.

3) Tobacco Treatment Training:
The statewide Tobacco Intervention: Basic Skills Training provides education about tobacco dependence and instruction on how to deliver brief interventions for all healthcare professionals. For program information, please contact Barbara Perry at perryb@mmc.org or 207-842-7154. Trainings will be offered on the following dates:

Belfast – October 16, 2003
Saco – October 28, 2003
Bethel – November 7, 2003
Brunswick – January 23, 2004
Waterville – March 2, 2004

The statewide Clinical Outreach Training provides educational sessions to healthcare providers and staff in their office. These one-hour trainings are designed to increase awareness and understanding of state tobacco treatment resources, national guidelines for tobacco treatment, and local referral resources. Each training session is approved for 1 hour of category 1 CME. Please contact Sarah Gagne at gagnes@mmc.org or 207-842-7154 for more information.

1-800-207-1230

THE MAINE TOBACCO HELPLINE

Healthy Maine Partnerships

What Works To Achieve Tobacco Cessation Counseling?

The Public Health Services (PHS) has developed clinical guidelines for smoking cessation. These guidelines are based on best practice information and are geared for the primary care provider. MaineCare endorses the use of these PHS clinical practice guidelines as an effective strategy for helping persons dependent on tobacco achieve lasting cessation.

Key Recommendations

1. Tobacco dependence is a chronic condition that often requires repeated intervention. However, there are effective treatments that can produce long-term or even permanent abstinence.
2. Because effective treatments of tobacco dependence are available, every patient who uses tobacco should be offered at least one of these treatments, as follows:
   - Patients who are willing to try to stop using tobacco should be provided treatments that have been identified as effective in this guideline.
   - Patients who are unwilling to quit using tobacco should be provided a brief intervention designed to increase their motivation to quit.
3. It is essential that physicians and health care delivery systems (including administrators, insurers and purchasers) institutionalize the consistent identification, documentation and treatment of every tobacco user seen in a health care setting.
4. Brief tobacco dependence treatment is effective, and every patient who uses tobacco should be offered at least brief treatment.
5. There is a strong dose-response association between the intensity of tobacco dependence counseling and its effectiveness. Treatments that involve person-to-person contact (by means of individual, group or proactive telephone counseling) are consistently effective, and their effectiveness increases with the intensity of treatment (e.g., minutes of contact).
6. Three types of counseling and behavioral therapies were shown to be especially effective and should be used with all patients who are attempting cessation of tobacco use:
   - Provision of practical counseling (problem solving and skills training).
   - Provision of social support as part of treatment.
   - Help in securing social support outside of treatment.
7. Numerous effective pharmacotherapies for smoking cessation now exist. Except in the presence of contraindications, these should be used with all patients attempting to quit smoking:
   - Five first-line pharmacotherapies that reliably increase long-term smoking abstinence rates were identified: bupropion sustained-release, nicotine gum, nicotine inhaler, nicotine nasal spray and nicotine patch.
   - Two second-line pharmacotherapies, clonidine and nortriptyline, were identified as efficacious and may be considered by physicians if first-line pharmacotherapies are not effective.
   - Over-the-counter nicotine patches are effective relative to placebo, and their use should be encouraged.
8. Treatments of tobacco dependence are clinically effective and cost-effective relative to other medical and disease prevention interventions. As such, insurers and purchasers should ensure the following:
   - That all insurance plans include, as a reimbursed benefit, the counseling and pharmacotherapies identified as effective in this guideline.
   - That physicians are reimbursed for providing treatment of tobacco dependence just as they are reimbursed for the treatment of other chronic conditions.

INFLUENZA VACCINE BULLETIN NO. 3
INFLUENZA SEASON 2003-04

The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) publishes and distributes periodic bulletins to update partners about recent developments related to the production, distribution, and administration of influenza vaccine. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members, and constituents.

Influenza Vaccine Distribution and Administration:
Timing of Influenza Vaccination During the 2003-04 Season

At its June meeting, the ACIP asked CDC, in collaboration with the FDA and the influenza vaccine manufacturers, to determine if vaccine supplies for the coming year would be adequate and timely. The CDC affirmed on August 11, 2003, that vaccine production for the 2003-04 influenza season is proceeding satisfactorily, and that projected production and distribution schedules will allow for sufficient supply of influenza vaccine during October and November. Therefore, influenza vaccination can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available.

Review the Notice to Readers published in the August 22, 2003 Morbidity and Mortality Weekly Report (MMWR) for complete information and references at www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a6.htm

ADDITIONAL REIMBURSEMENT FOR BLOOD LEAD DRAWS

In an effort to increase rates for blood lead screening for children up through age 6 enrolled in MaineCare, providers will now be able to bill for a blood lead draw in addition to a Bright Futures visit. The legislature passed a bill last session to provide additional MaineCare funding for providers who perform blood lead draws.

MaineCare requires that children be tested for lead at age one and age two according to requirements from the Centers of Medicare and Medicaid Services (CMS). Children enrolled in Maine have been shown to have a higher lead level on screening and are at higher risk for lead exposure than other children. Some of the common sources of exposure include: lead dust in the paint in older homes and apartment buildings, lead dust in marine paint that gets of fisherman, lead dust on the clothes of painters, carpenters, car mechanics, and furniture strippers.

CPT Code on Claim Form	Diagnosis Code to be used on Claim Form	Payment without Lead Diagnosis	Payment with Lead Diagnosis
36415 – venous blood draw	V15.86-lead screening V82.5-chemical poisoning and other contaminant	$2.70	$5.70
36416 – capillary blood draw	V15.86-lead screening V82.5-chemical poisoning and other contaminant	$2.70	$5.70

In order to receive the additional reimbursement for blood lead draws CPT coding must be used in conjunction with a specific diagnosis code. The chart above shows what codes you will need to bill and the dollar amount MaineCare will pay.

MAINECARE SWIPE ID CARDS

The Department of Human Services has a contract with Medifax -EDI Inc. for the provision of point of service (POS) electronic eligibility verification services and the production and distribution of plastic MaineCare ID cards. The plastic MaineCare ID cards will replace the current paper monthly eligibility cards. Each family member on MaineCare will have his or her own card unlike the current practice in which there is one eligibility card per household with all family members listed on it. The member's MaineCare ID will be printed on the card and will be used to access the member's eligibility data. The new cards will only have to be replaced when a card is lost or damaged. Each card will have a magnetic strip much like an ATM or debit card that will allow the card to be swiped to access member eligibility data within seconds.

You are not required to purchase the POS devices or services offered by Medifax-EDI. You will have the option of using the various POS eligibility verification applications that Medifax-EDI will be offering. You will have two other options available to you to check eligibility, status of claims, etc: the Voice Response System or the new MaineCare claims management system once it is operational.

The implementation date for the use of the plastic MaineCare ID cards is December 1, 2003. However, some members may have paper cards. Medifax-EDI has presented regional workshops on the swipe cards and their various POS electronic eligibility verification products. If you have questions concerning this project, please contact Provider Services at 800-321-5557, Option 9 or 207-287-3094 and ask to speak to either Paul Collins or Diane Bailey. For technology type questions, please contact Medifax EDI at 800-819-5003.

Blood Lead Screening Rates

MaineCare Lead Testing rates among FP/GPs and Pediatricians, 01/01/2002 - 12/31/2002.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Suzanne Robertson	10	80.0%
2	Daniel E. Fowler	16	75.0%
3	D.L. Jeannotte	23	73.9%
4	Sean T. Maloney	14	71.4%
5	Heather Ward	21	71.4%
6	Noah Nesin	24	70.8%
7	Thomas R. Maycock	23	69.6%
8	Suan Childs	15	66.7%
9	Jennifer J. McConnell	12	66.7%
10	Mark C. Rolfe	11	63.6%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	Ann Dorney	16	62.5%
2	D.L. Jeannotte	11	54.5%
3	Michael Lambke	19	52.6%
4	Lawrence H. Dubien	23	52.2%
5	Gust S. Stringos	17	47.1%
6	Kamlesh N. Bajpai	15	46.7%
7	Timothy Theobald	12	41.7%
8	John M. Van Summern	10	40.0%
9	Donald G. Brushett	41	39.0%
10	Noah Nesin	13	38.5%

Rank	Pediatrics	Age One	% with 1+ Test
1	J.P. Dejohn	11	100.0%
2	Kelley Shultz	12	91.7%
3	Amelia A. Brochu	45	88.9%
4	Poh-Yong Chang	11	81.8%
5	Brenda Poirer	16	81.3%
6	Laura Ann Schwindt	20	80.0%
7	Rochester Ped. Assoc.	15	80.0%
8	Russell R. Shipman	10	80.0%
9	Jorge Pineiro Vergne	73	79.5%
10	Donald R. Burgess	27	77.8%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Leslie C. Doolittle	15	80.0%
2	Amelia A. Brochu	20	75.0%
3	Donald R. Burgess	17	70.6%
4	Martha C. Soule	17	70.6%
5	Margaret R. Lewis	48	68.8%
6	Deborah L. Patten	20	65.0%
7	Mary Tedesco-Schneck	19	63.2%
8	Kimberly MacDonald	29	62.1%
9	C.E. Danielson	94	58.5%
10	C. Elizabeth Trefts	36	58.3%

Collaborate *continued from page 1*

Tobacco usage rates will be determined through survey questions as part of a statewide survey performed by the Bureau of Health.

Informing providers and members

After attaining reliable data we plan on sharing results with providers and members on whether they are missing any of four recommended diabetes care measures. The four measures we will focus on are lipid, HbA1c, eye exams, and microalbuminuria testing. We are hopeful that members and providers will act on this information.

Tobacco cessation strategies

We recognize that tobacco use is complicated and cessation strategies require flexibility. MaineCare reimburses providers for tobacco cessation counseling, we will also make available a fax referral form that will allow professionals from the Maine Tobacco HelpLine to proactively call members and offer tobacco treatment counseling. Many pharmaceutical products that help members cope with withdrawal symptoms are approved. For a complete list check the GHS web site for the preferred drug list: www.ghsinc.com/ghs_com/PDLInfoPage

In addition, MaineCare will reimburse providers $20 for tobacco counseling. CPT code 99402 coupled with diagnosis code 305.1 (tobacco use disorder) can be used ALONE or IN ADDITION to other Evaluation & Management (E & M) or obstetrical codes. Documentation of the counseling being provided is required in the medical record. This should include documentation of at least the following: an assessment of the member's willingness to quit or their progress in quitting, any ongoing barriers to quitting or staying tobacco-free, and a brief outline of whatever educational or motivational information was provided. Time spent will not be considered a factor. The E & M or obstetrical codes, whether used alone, or in conjunction with the preventative care code 99402 will continue to need adequate documentation as per the MaineCare Benefits Manual.

This payment is limited to 3 visits per member per provider per year. If you have any questions regarding billing issues, please call Provider Relations at 1-800-321-5557, option 9.

The Katie Beckett Option

Do you know what the Katie Beckett option is?

A brochure has been printed to explain what this MaineCare benefit is. Katie Beckett is for children (18 and younger) with serious health conditions. The brochure is available at all DHS offices or you may call for one at 1-800-321-5557 ext. 7-3931 or 287-3931.

Department of Human Services (DHS)
Bureau of Medical Services

The Katie Beckett Option is
A Way To Get MaineCare Benefits for
Children with Serious Health Conditions

MaineCare
Health Care for Maine People